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UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 6111

SERIAL NUMBER 10/073,620	FILING DATE 02/11/2002 RULE	CLASS 029	GROUP ART UNIT 3729	ATTORNEY DOCKET NO. AKI0003/US/2
APPLICANTS Mark T. Girard, South Haven, MN; Ryan A. Jurgenson, Hutchinson, MN; Roger R. Livermore, Hutchinson, MN, Deceased; Susan June Livermore, Hutchinson, MN, Legal Representative; David R. Swift, Glencoe, MN; Joseph P. Tracy, South Haven, MN;				
** CONTINUING DATA ***** THIS APPLICATION IS A CON OF 09/409,010 09/29/1999 ABN WHICH CLAIMS BENEFIT OF 60/102,216 09/29/1998 AND CLAIMS BENEFIT OF 60/102,860 10/02/1998				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/07/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance met Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY MN	SHEETS DRAWING 29	TOTAL CLAIMS 26
INDEPENDENT CLAIMS 2				
ADDRESS KAGAN BINDER, PLLC Intellectual Property Attorneys Maple Island Building, Suite 200 221 Main Street North Stillwater, MN 55082				
TITLE Processing assembly and method				
FILING FEE RECEIVED 848	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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** CONTINUING DATA ***** This application is a CON of 09/409,010 09/29/1999 ABN which claims benefit of 60/102,216 09/29/1998 and claims benefit of 60/102,860 10/02/1998 and is a CON of 09/250,823 02/17/1999 PAT 6,266,869				
** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/07/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY MN	SHEETS DRAWING 29	TOTAL CLAIMS 26 INDEPENDENT CLAIMS 2
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